

Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/591,434-Conf. #1720
		Filing Date	September 1, 2006
		First Named Inventor	Toshifumi INNO
		Examiner Name	J. D. Zimmerman
		Art Unit	2854
		Attorney Docket No.	0649-1356PUS1
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1,300.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or overpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES <small>Small Entity</small>		SEARCH FEES <small>Small Entity</small>		EXAMINATION FEES <small>Small Entity</small>		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							Small Entity Fee (\$) Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							Fee (\$) Fee (\$)
Each claim over 20 (including Reissues)							52 26
Each independent claim over 3 (including Reissues)							220 110
Multiple dependent claims							390 195
Total Claims		Extra Claims		Fee (\$)		Multiple Dependent Claims	
17		- 20 or HP		x		=	
HP = highest number of total claims paid for, if greater than 20.							Fee (\$) Fee Paid (\$)
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
1		- 3 or HP		x		=	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$) Fee Paid (\$)	
_____		- 100 = _____		/50 = _____		(round up to a whole number) x _____ = _____	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							810.00
1252 Extension for response within second month							490.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	32,181
Name (Print/Type)	Marc S. Weiner	Telephone	(703) 205-8000
		Date	May 8, 2009